

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT

04



10202004 REIN-NP

CR2E099 (6/04)

MRS

4. FEI Number  
59-3117175

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FUGATE, HERMAN E  
126 FLORIDIAN CLUB RD  
P O BOX 106  
WELAKA, FL 32193

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Herman E. Fugate*

18 OCT 04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2005, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME		TITLE	NAME	
PD	FUGATE, HERMAN E.	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	126 FLORIDIAN CLUB RD				
CITY-ST-ZIP	WELAKA, FL 32193				
VD	SAPP, FRANK	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 SAPP ROAD				
CITY-ST-ZIP	GRANDIN, FL				
STD	BESSENT, RAY O.	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT 1 BOX 21 8B, 340 YAWN AVENUE				
CITY-ST-ZIP	INTERLACHEN, FL				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

000042168260

10/25/04--01090--015 \*\*245.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herman E. Fugate*

18 OCT 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #